

Consumer Survey

Complete this consumer survey ONLY if you are person with a disability and living in Colorado

ALL answers are confidential and for restricted use by the Colorado Statewide Independent Living Council (CO SILC) for the purpose of statistical analysis only. At no time are you personally identified.

For questions, comments, or assistance filling out this survey, please contact:

Colorado Statewide Independent Living Center (CO SILC):

303-968-6546

survey@coloradosilc.org

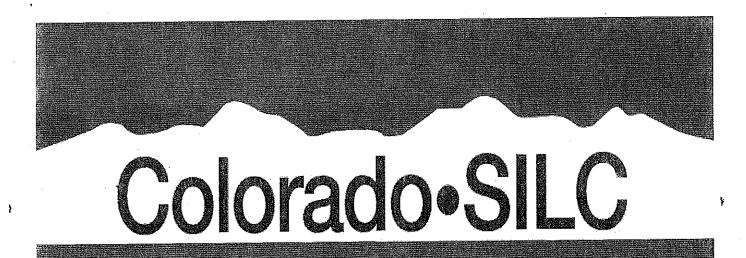
If you need to use a Videophone to fill out this survey, please call the nearest Center for Independent Living.

There are 10 Centers in Colorado. Click on this link to find the closest one to you:

http://coloradosilc.org/resources/independent-living-center-locator/

Please complete the demographic information below to help us determine if any specific age, ethnic, or cultural populations are under-served.

Next



DEMOGRAPHIC INFORMATION

Please complete the demographic information below to help us learn more about those who can benefits from Independent Living services.

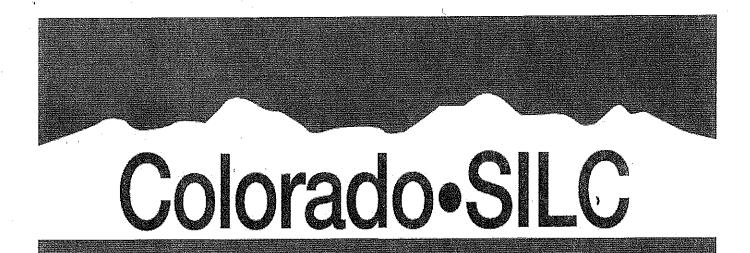
Reminder: ALL answers are confidential and for restricted use by the Colorado Statewide Independent Living Council (CO SILC) for the purpose of statistical analysis only. At no time are you personally identified.

Please list your age				
Select all of the race/ethnic categories to which you belong				
American Indian/Tribal or Alaska Native				
Asian				
Black or African American				
Hispanic or Latino/Latina				
Native Hawaiian or Pacific Islander				
White or Caucasian				
Prefer not to say				
Other (please specify)				

Are you a veteran?



What is your cu	urrent employment statu	s? Check <i>all</i> that apply.	•	
I am employed	d in a full or part time job			
I am unable to	work due to my disability			
I make sufficie	ent salary to support myself			
I need (or am	receiving) vocational training	- Separate		
I am seeking e	employment or a better job		•	
l am a student	t, volunteer, or retired	>		
Are you satisfic	ed with your employmen	t status?		
			9	
Mo ara alsa laa	aking at nolling places de	uring elections Did you	u vote in the last election?	
The area and the	Ming at poining places at	army oxecutioner and year		
If not, why? Ch	eck <i>all</i> that apply.			
Polls were not	accessible	,		
Transportation				
Did not receive	e mail-in ballot			
Could not read	d the mail-in ballot			
Forgot				
Chose not to v	vote/it is not a priority		ŋ	
Did not know v	who or what to vote for			
Lack of clarity	on language of the ballot			
	nplete ballot independently (not a	able to physically fill it out)		
Could not com			-	
Could not com		Prev Next		•
Could not com		Prev Next		•
Could not com		Prev Next		,



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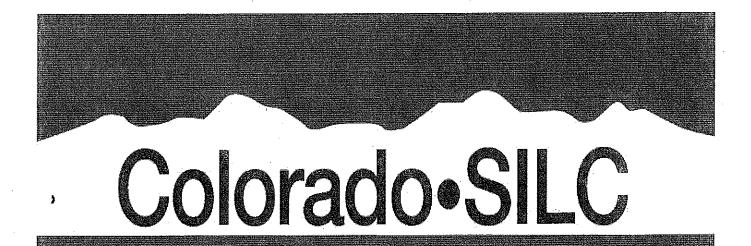
In what ZIP code is your home located?			
What is your disability? Check all that apply			
Cognitive (DD/Learning)			
Traumatic Brain Injury (TBI)			
Blind or Visually-Impaired			
Deaf or Hard of Hearing			
Physical or Mobility			
Chronic Medical Condition			
Environmental/Chemical Sensitivity			
Mental/Emotional Health			
Other			
Other (please specify)			

Wit	h which organizations are you currently working? Checkall that apply.
	Atlantis Community Inc. (Denver)
	Center for Disabilities (Pueblo – Alamosa)
	Center for Independence (Grand Junction-Montrose-Carbondale)
	Center for People with Disabilities (Boulder-Longmont-Thornton)
	The Independence Center (Colorado Springs-Cripple Creek-Calhan)
	Connections for Independent Living (Greeley)
	Mile High Independent Living Center (Denver)
	Disabled Resource Services (Fort Collins – Loveland)
	Southwest Center for Independence (Durango – Cortez)
	NorthWest Colorado Center for Independence (Steamboat SpringsSilverthorne-
Gra	nby)
	Division of Vocational Rehabilitation (DVR)
	Veteran's Administration (VA)
	Mental Health Agency
	Community Center Board
, , ,	Aging and Disability Resource Center
	And the late of the Control Point and an display and Disphilish Decourses
_	ou chose Mental Health Agency, Community Center Board, and/or Aging and Disability Resource
Cer	nter, please state which agency/agencies or region(s)/area(s) you are using:
1).	
2).	
3).	

Independent Living services (IL services) – support and assistance people with disabilities can use to reach goals for living well in our communities. Goal areas include – Access to benefits, housing, transportation, attendant services, social/recreational opportunities, employment, training on how to use assistive technology devices, obtaining a service animal, access to healthcare, low vision, deaf or hard of hearing resources, etc.

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What services and supports are you receiving from these organizations? Checkall the following Independent Living Core Services that apply
Peer Counseling – sharing experience, strength and hope as well as tools, resources, and tips for living well in the community
Information and Referral – getting the information and assistance from service providers in the community
Independent Living Skills Development – working to develop skills for daily tasks (cooking, cleaning, hygiene, budgeting,
choosing and directing supports, etc.)
Individual Advocacy working to set a goal and develop a plan for living well in the community
Systemic Advocacy opportunities to have a voice at tables where decisions are made that affect our lives. Organizing to make a difference and realize more inclusive, accessible and accommodating communities for everyone
Transition Services – exploring options for moving out of an institution or custodial environment and into the community with
home and community-based services and supports
Personal Assistance – assistance with personal attendant services (bathing, dressing, etc.)
Home Modifications – installation of equipment and physical modifications to make your home accessible (ramps, grab bars,
lowered countertops, etc.)
Mobility Training – learning how to use the bus system
Vocational Training – learning skills to get a job
Housing Assistance – assistance with locating and securing a place to live
Assistive Technology, Adaptive Equipment, and Service Animals – identifying and accessing tools for living well in the community
(screen readers, magnifiers, service and companion animals, communication devices, etc.)
Youth Transition - developing and implementing a plan for adult life in the community when school ends
Transportation – accessing various ways to get around
Which statement best describes your current situation?
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Options for Living Independently

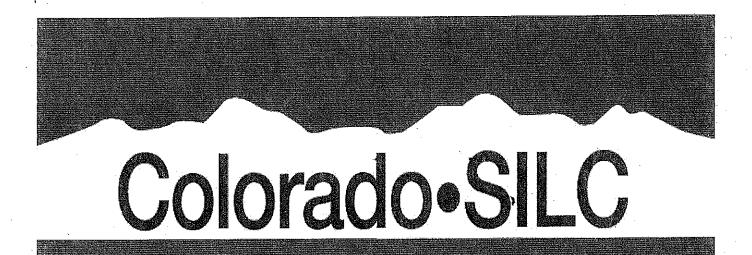
What other services would help you live more independently? Checkall that apply.

Housing
I would like to own my own home
I would like to rent my own apartment
<u>Transportation</u>
I would like to learn to ride the bus
I would like to learn to drive
I would like to find transportation to medical appointments
I would like to find transportation to my job
Self-Care/Managing Health Care
I would like support with taking my medications on time
I would like to learn how to bathe/shower independently
I would like to cook my own meals
I would like to clean my own house
I would like to learn healthy eating and/or cooking habits
I would like support with scheduling medical appointments

Lineigencies	
I would like to prepare for what to do in an emergency	
I would like to develop an evacuation plan	
I would like to register with an EMT registry	
Assistive Technology	
I would like a device to read my mail, newspaper, etc.	•
I would like to receive training on how to use assistive technology devices to be more independent	t
I would like to learn more about computer software programs that I can use to live more independent	ently
I would like to explore assistive technology devices that can help me hear/understand better what	others are saying
I would like to explore home modifications for the deaf and hard of hearing so that I can live independent	endently (door bell,
videophone, smoke detector, signal systems, etc)	
I would like to explore options for modifying my home to be more accessible (ramps, grab bars, ba	throom modifications, etc)
<u>Finances</u>	
I would like to work on budgeting and bill paying skills	
I would like to work on making grocery lists and shopping	•
I would like to assess my options with regard to trusts, employment, assets, income limits and ben	efits
<u>Employment</u>	
I would like to find a job	
I would like to work on interview skills	
I would like to develop vocational skills to learn a new trade	
I would like to further my education	
Advocacy	·
I would like to apply for benefits	
I would like to learn more about my rights under the ADA	
I would like to become involved in a community action group, resident advisory council, peer supp	ort group, etc.
I would like to explore my options, set a goal and develop a plan for living well in the community	
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Social Skills/Relationships	
I would like to explore social and recreational opportunities	
I would like to become more involved in community government	
I would like to become more involved in community/senior center activities	
I would like to learn more about community organizing	
Transitioning (from parents' home, high school or a nursing home to the con	nmunity)
I would like to explore options for moving from a nursing home back into the community)
I would like to set a goal and develop a plan for moving out of my parent's home to a home of m	ny own in the community
I would like support implementing my school transition plan	
What are your major barriers/obstacles that hinder your ability to live independent access public events? Check all that apply.	ndently in the community
Physical/mobility access	
Accessible/affordable housing	
Language barriers	•
Attitudes/discrimination	
Funding for adaptive equipment	
Financial resources	-
Reliable transportation	
Navigating the system	•
Lack of Information	
Overwhelming information	
Waiting lists	
Other (please specify)	
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AAD	ere did you hear about this survey?
	Email
	Mail
	Agency/Service Provider
	Conference/Presentation
	Community Event
	Website
Othe	r (please specify)
	Prev Next



Any other questions, comments or suggestions?			
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If you have any comments	s or suggestions for improving our survey, please let u	3	
know:			
_ =	s or suggestions for improving our survey, please let us	,	

Thank you for taking this survey.

Your feedback is appreciated!

Your answers will help the state of Colorado to improve the services for people with disabilities and to write the next Statewide Plan for Independent Living (SPIL).

Colorado Statewide Independent Living Council (CO SILC)

www.coloradosilc.org

survey@coloradosilc.org

Prev Done